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## BIB DATA SHEET

CONFIRMATION NO. 2337

<b>SERIAL NUMBER</b> 10/621,196	<b>FILING or 371(c) DATE</b> 07/15/2003 <b>RULE</b>	<b>CLASS</b> 702	<b>GROUP ART UNIT</b> 3736	<b>ATTORNEY DOCKET NO.</b> MNETEC.001A		
<b>APPLICANTS</b> Yehoshua Shachar, Santa Monica, CA; <b>** CONTINUING DATA *****</b> This appln claims benefit of 60/396,302 07/16/2002 * (*)Data provided by applicant is not consistent with PTO records. <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 09/10/2003						
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/H.Q. NGUYEN/</u> Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWINGS</b> 29	<b>TOTAL CLAIMS</b> <del>66</del> <b>8</b>	<b>INDEPENDENT CLAIMS</b> <del>7</del> <b>1</b>
<b>ADDRESS</b> KNOBBE MARTENS OLSON & BEAR LLP 2040 MAIN STREET FOURTEENTH FLOOR IRVINE, CA 92614 UNITED STATES						
<b>TITLE</b> Apparatus and method for catheter guidance control and imaging						
<b>FILING FEE RECEIVED</b> 957	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			